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Arrhythmias

LONG-TERM INCIDENCE OF ATRIAL FIBRILLATION AFTER LONE PERSISTENT ATRIAL FLUTTER RADIOFREQUENCY ABLATION

ACC Moderated Poster Contributions

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Session Title: Arrhythmias: AF/SVT: Morbidity and Mortality associated with Atrial Arrhythmias

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Background: Current guidelines established cavotricuspid isthmus (CTI) ablation as class I therapy for recurrent AFL. Nevertheless a high proportion of patients with typical lone persistent Atrial Flutter (AFL) have recurrent episodes of Atrial Fibrillation (AF). The aim of this study was to evaluate the presence of AF in patients underwent CTI ablation without prior documented AF.

Methods: 179 patients eligible for CTI ablation were included. Prior history AF was assessed in 61 patients and excluded. CTI ablation was performed in 118 remaining patients as described previously. Patients had monthly clinical follow-up and 12-lead electrocardiogram for a minimum of year. Every 2 months a 48 Holter monitor was performed to determine AF incidence after CTI ablation after a year. Atrial fibrillation diagnosis was determined as any episode of more than 30 seconds. Antiarrhythmic drugs were discontinued after procedure and anticoagulation one month after.

Results: A total of 118 patients (77.09% male; Age 66 +/- 8 years) were analyzed. Bidirectional block at the CTI was achieved in all patients. Any patient presented AF during stimulation maneuvers or after isoproterenol administration. After a year AF was observed in 85 patients (72%) during the follow up. Both groups' variables were analyzed. Atrial fibrillation predictors after CTI ablation were: Hypertension ($p = 0.003$). Left atrium area >23.3 cm².

Conclusions: CTI ablation in patients with lone atrial flutter (AF) is not curative as most of the patients will develop AF within a year. Left atrial area was the strong predictor for atrial fibrillation development in patients underwent AFL ablation. Hypertension may be the principal cause of LA enlargement. Post procedural anticoagulation strategy must be revised face to these results and finally, it would be wise to perform both CTI and LA ablation in patients presenting with lone AFL and left atrium enlargement. Further trials may help to define the benefit of this strategy.